

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)
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After entry of Article 19 or 34 Amdt: _____

Cancelled Claims via Article 19 or 34 _____ &/or Pre-Amdt. _____ Clms. added via Article 19 or 34 _____

Total Number of Drawing Sheets: Foreign Text:

Oath/Declaration: yes ☒ no ☐ signed ☒ unsigned ☐ defective ☐ Date Satisfied: 9-29-08

PCT/RO/101/Request Form Declaration: ☐ yes properly executed ☐ No ☐ not properly executed Date: _____

Small Entity: ☐ Yes Small Entity Statement ☐ Assertion by filing fee paid ☐ Large Entity: ☐

1st Submission: Biochemical Seq. Diskette: yes ☐ no ☐ entered & date _____ not entered & date _____

2nd Submission: Biochemical Seq. Diskette: yes ☐ no ☐ entered & date _____ not entered & date _____

Biochemical Seq. Listing: yes ☐ no ☐ statement ☐ yes ☐ no other submission date(s): _____

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Copy of ISR: ☐ with references ☐ without references ☒ Non-Establishment of ISR PCT/ISA/203 _____

Article 19 Amendment: ☐ entered ☐ not entered ☐ Replaced by Article 34 Amendment _____

Copy of IPER: ☐ without Annexes: ☐ with Annexes: ☐ Annexes entered ☐ Annexes not entered ☒ 237

Reason Annexes have not been entered: _____

Preliminary Amendment(s): yes ☐ not entered ☐ & why _____ Other Amendment dates: _____

IDS: ☐ yes ☐ with references ☐ without references ☐ Other IDS Dates: _____

Request for Immediate Examination: yes ☒ no ☐ Other Early Processing Date: _____

Substitute Specification: yes ☐ Date filed: _____ Other documents filed: 326, 313, 306

Assignment: yes ☐ Date filed: _____ Assignment for PG Pub: ☐ Yes ☐ No Date filed: _____

Power of Attorney ☐ Date filed: _____ Application Data Sheet ☐ Priority Document(s): yes ☒

**Other: _____

**Other Problems: _____

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☒ Declaration ☐ Claims ☐ Multiple ☐ Translation ☐ Extension ☐ Petition ☐ Application size

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Notice of Missing Requirements: 06/25/08 Response to Missing Requirements 9-28-08

371 Formalities Letter: (Sequence) 922 _____ 922 Response _____ or (Fees Owed) 923 _____ 923-Response _____

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Petition to Revive: _____ Petition 1.47: _____ Petition Granted: _____

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